

Case Number:	CM14-0022159		
Date Assigned:	05/09/2014	Date of Injury:	11/26/2012
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old female who reported a fall on 11/26/2012. In the clinical note dated 02/06/2014, the injured worker complained of having shoulder pain and having constipation. The physical examination included a blood pressure of 102/75. There are no prior treatments documented. The diagnosis included gastritis. The treatment plan included labs, Prilosec, and increased fluid and fiber. The request for authorization for the diagnosis of gastritis for an ECG, urine dipstick, venipuncture, glucose reagent strip, and followup visits was submitted on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ELECTROCARDIOGRAM (ECG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Preoperative electrocardiogram (ECG).

Decision rationale: The request for electrocardiogram (ECG) is non-certified. The Official Disability Guidelines (ODG) state electrocardiograms are recommended for injured workers undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Injured workers with signs or symptoms with active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. In the clinical notes provided for review, the injured worker is not noted to have a history of cardiac symptoms or cardiac history. It was annotated that the injured worker was diagnosed with gastritis with no other signs or symptoms of cardiac issues. Furthermore, the guidelines only recommend preoperative electrocardiogram for injured workers undergoing high risk surgery and those undergoing intermediate risk surgery with additional risk factors. Therefore, the request for electrocardiogram (ECG) is non-certified.

URINE DIPSTICK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, preoperative lab testing.

Decision rationale: The request for a urine dipstick is non-certified. The Official Disability Guidelines (ODG) state that urinalysis is recommended preoperatively for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. In the clinical notes provided for review, the injured worker was diagnosed with gastritis. It was noted that her symptoms were shoulder pain and constipation. There is no other documentation of other signs and symptoms to warrant a request for urine dipstick. Therefore, the request for a urine dipstick is non-certified.

VENIPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, preoperative lab testing.

Decision rationale: The request for venipuncture is non-certified. The Official Disability Guidelines (ODG) state that a complete blood count for preoperative lab testing is indicated for patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated. Coagulation studies are reserved for patients with a

history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. In the clinical notes provided for review, there is a lack of documentation of the rationale for the request of a venipuncture. The diagnosis is gastritis for the symptoms of shoulder pain and constipation. There were no other signs or symptoms documented or pain level status. Therefore, the request for venipuncture is non-certified.

GLUCOSE-REAGENT STRIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, preoperative lab testing.

Decision rationale: The Official Disability Guidelines (ODG) state that random glucose testing should be performed on injured workers at high risk of undiagnosed diabetes mellitus. In injured workers with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. In the clinical notes provided for review, there is a lack of documentation to support the request for a glucose reagent strip. There is no documentation of the injured worker being diabetic or having signs and symptoms of diabetes, such as increased thirst and urination. The physical examination only included documentation of a blood pressure of 102/75. Therefore, the request for glucose reagent strip is non-certified.

FOLLOW UP VISIT WITH INTERNAL MEDICINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The request for followup visit with internal medicine is non-certified. The Official Disability Guidelines state office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a certain number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through

self care, as soon as clinically feasible. In the clinical notes provided for review, it is documented that the injured worker had complaint of shoulder pain and constipation and therefore, was diagnosed with gastritis. The treatment plan included labs, Prilosec, and an increase in fluid and fiber. There is a lack of documentation for the rationale for the request of a followup visits with internal medicine. The documentation also lacks signs and symptoms and prescribed medications that would warrant a request for followup with internal medicine. Therefore, the request for followup visit with internal medicine is non-certified.